

STATE OF HAWAII — DEPARTMENT OF TAXATION  
**TAX CLEARANCE APPLICATION**  
PLEASE TYPE OR PRINT CLEARLY

1. APPLICANT INFORMATION: (PLEASE PRINT CLEARLY)

Applicant UNIQUE COMPUTER SYSTEMS, INC.  
Address 1100 Ward Avenue, Suite 1050  
City/State/Zip Code Honolulu, Hawaii 96814  
DBA/  
Trade Name THE LANGE GROUP

2. TAX IDENTIFICATION NUMBER(S):

HAWAII GENERAL EXCISE ID # 1 0 1 9 3 8 0 6

FEDERAL EMPLOYER ID # 9 9 - 0 2 0 6 1 2 3

SOCIAL SECURITY # \_\_\_\_\_

3. APPLICANT IS A/AN: (CHECK ONLY ONE BOX)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> CORPORATION               | <input checked="" type="checkbox"/> S CORPORATION      | <input type="checkbox"/> TAX EXEMPT ORGANIZATION               |
| <input type="checkbox"/> INDIVIDUAL                | <input type="checkbox"/> PARTNERSHIP                   | <input type="checkbox"/> ESTATE <input type="checkbox"/> TRUST |
| <input type="checkbox"/> LIMITED LIABILITY COMPANY | <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP |  |

4. THE TAX CLEARANCE IS REQUIRED FOR:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> CITY, COUNTY, OR STATE GOVERNMENT CONTRACT IN HAWAII * | <input type="checkbox"/> LIQUOR LICENSE *   |
| <input type="checkbox"/> REAL ESTATE LICENSE   | <input type="checkbox"/> CONTRACTOR LICENSE |
| <input type="checkbox"/> FINANCIAL CLOSING   | <input type="checkbox"/> PROGRESS PAYMENT   |
| <input type="checkbox"/> HAWAII STATE RESIDENCY  | <input type="checkbox"/> FEDERAL CONTRACT   |
| <input type="checkbox"/> SUBCONTRACT   | <input type="checkbox"/> OTHER _____        |
|  | <input type="checkbox"/> BULK SALES         |
|  | <input type="checkbox"/> PERSONAL           |
|  | <input type="checkbox"/> LOAN               |

\* IRS APPROVAL STAMP IS FOR PURPOSES INDICATED BY ASTERISK

5. NO. OF CERTIFIED COPIES REQUESTED:

5

6. SIGNATURE:

Yolanda H. Lindsey

President

PRINT NAME

PRINT SPECIFIC TITLE: Corporate Officer, General Partner, Individual (Sole Proprietor)

SIGNATURE

9-9-99  
DATE

(808) 545 - 1822  
TELEPHONE

(808) 599 - 5264  
FAX

POWER OF ATTORNEY. If submitted by someone other than a Corporate Officer, General Partner, or Individual (Sole Proprietor), a power of attorney (State of Hawaii Department of Taxation Form N848) must be submitted with this application. If a Tax Clearance is required from the Internal Revenue Service, IRS Form 8821, or IRS Form 2848 is also required. Applications submitted without proper authorization will be sent to the address of record with the taxing authority. UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.

PLEASE TYPE OR PRINT CLEARLY — THE FRONT PAGE OF THIS APPLICATION BECOMES THE CERTIFICATE UPON APPROVAL

SEE PAGE 2 ON REVERSE & INSTRUCTIONS. Failure to provide required information on page 2 of this application or as required in the separate instructions to this application will result in a denial of the Tax Clearance request.

FOR OFFICE USE ONLY

BUSINESS START DATE IN HAWAII

IF APPLICABLE

02/24/98

HAWAII RETURNS FILED

IF APPLICABLE

19\_\_\_\_ 19\_\_\_\_ 19\_\_\_\_

STATE APPROVAL STAMP

State of Hawaii

APPROVED

per [Signature]

SEP - 9 1999

per [Signature]

Department of Taxation

\*IRS APPROVAL STAMP

INTERNAL REVENUE SERVICE

APPROVED

SEP 09 1999

per [Signature]

CERTIFIED COPY STAMP  
Pacific-Northwest District

Pacific-Northwest District

This copy is acceptable as  
a substitute for the original  
tax clearance certificate issued.

[Signature]

Internal Revenue Service

300661

STATE OF HAWAII — DEPARTMENT OF TAXATION  
**TAX CLEARANCE APPLICATION**  
PLEASE TYPE OR PRINT CLEARLY

**1. APPLICANT INFORMATION:**

(PLEASE PRINT CLEARLY)

Applicant IBM Corporation  
Address 1240 Ala Moana Blvd.  
City/State/  
Zip Code Honolulu HI 96814  
DBA/  
Trade Name \_\_\_\_\_

**2. TAX IDENTIFICATION NUMBER(S):**

HAWAII GENERAL EXCISE ID # 1 0 0 0 2 5 5 5

FEDERAL EMPLOYER ID # 1 3 0 8 7 1 9 8 5

SOCIAL SECURITY # \_\_\_\_\_

**3. APPLICANT IS A/AN: (CHECK ONLY ONE BOX)**

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|  | <input type="checkbox"/> PERSONAL           |
|  | <input type="checkbox"/> LOAN               |

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**5. NO. OF CERTIFIED COPIES REQUESTED:**

20

**6. SIGNATURE:**

Shirley S. Shinsato  
PRINT NAME  
Shirley S. Shinsato  
SIGNATURE

Authorized Agent Mail AOR  
PRINT SPECIFIC TITLE: Corporate Officer, General Partner, Individual (Sole Proprietor)  
09-09-99 (808) 597 - 9343 (808) 597 - 9568  
DATE TELEPHONE FAX

**POWER OF ATTORNEY.** If submitted by someone other than a Corporate Officer, General Partner, or Individual (Sole Proprietor), a power of attorney (State of Hawaii Department of Taxation Form N848) must be submitted with this application. If a Tax Clearance is required from the Internal Revenue Service, IRS Form 8821, or IRS Form 2848 is also required. Applications submitted without proper authorization will be sent to the address of record with the taxing authority. **UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.**

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300662

**FOR OFFICE USE ONLY**

BUSINESS START DATE IN HAWAII  
IF APPLICABLE  
01/30/50

HAWAII RETURNS FILED  
IF APPLICABLE  
19\_\_\_\_ 19\_\_\_\_ 19\_\_\_\_

**STATE APPROVAL STAMP**

State of Hawaii

**APPROVED**

SEP 15 1999

per L. Kinn  
Department of Taxation

**INTERNAL REVENUE SERVICE**

**APPROVED**

94-00379

SEP 17 1999

per S. Uby  
Pacific-Northwest District

**CERTIFIED COPY STAMP**

Pacific-Northwest District

This copy is acceptable as  
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tax clearance certificate issued.

Shirley S. Shinsato  
Internal Revenue Service